

2016 Massachusetts Community Transportation Coordination Conference

Healthcare Transportation Panel

Presenters

- Xavier Arinez, Chief Operating Officer, Family Health Center of Worcester
- Rebecca Bialecki, Vice President of Community Health and Chief Change Agent, Heywood Hospital
- Jeff Harness, Director of Community Health and Government Relations, Cooley Dickinson Health Care

Facilitators

- Rachel Fichtenbaum, MassMobility
- Theadora Fisher, MassMobility

Background

Why did your organization decide to address transportation? How has your organization addressed transportation barriers in the past?

- Arinez: Transportation came to our attention because we have a high rate of no-shows. When they rebook, the next appointment can be a six or eight week wait. If transportation is an issue, we help patients determine whether they are eligible for MassHealth Transportation. We also provide information on how to take the bus and offer bus passes to patients who need them.
- Harness: Our Community Health Needs Assessment showed that low-income individuals who live in rural areas were having problems with transportation. We also saw that discharged patients often had no way to get home. Cooley Dickinson conducted a transportation study called Getting to Healthy: www.cooley-dickinson.org/pulse/articles/getting_to_healthy_report_released_209.aspx.
- Bialecki: Our region has very little public transit. Our Community Health Needs Assessment also showed that transportation was a barrier to patients accessing care.

Current Efforts

Describe how you are currently addressing transportation and what partners you are working with.

- Arinez: Our vision is to identify where no-shows are and optimize scheduling of appointments so that it works best for patients and employees. To address this, the Family Health Center is partnering with the Regional Planning Agency and other partners through the Smart Transit for Healthcare initiative.
- Harness: We invited the PVTa to train our hospital staff on the transportation options in the region. We also had some money in our budget to put toward addressing transportation needs in the region, so we partnered with the Hilltown Community Development Corporation and Hilltown Regional Coordinating Council on a healthcare transportation initiative in the more rural area we serve. We are also looking into telemedicine and co-location of healthcare services in the community.
- Bialecki: Possible solutions include co-locating in One Stop Career Centers or other locations where people are already going. We are also working with ambulance companies on affordable transportation for nursing homes. We're looking into telemedicine, but Internet connectivity can be a barrier in our rural area.

Vision and Recommendations

Do you anticipate that going forward, the hospital will continue to focus on transportation issues as part of the broader issue of access to health care? What would you recommend to other healthcare organizations regarding transportation? What would you recommend to local and regional agencies that would like to partner with healthcare organizations on transportation?

- Arinez: as healthcare shifts payment models, this issue will become more and more pressing for healthcare organizations.
- Harness: The healthcare industry needs to focus on prevention, not just providing services. We are looking toward a future where we get an amount of money per patient that we will use to keep them healthy. We will have more flexibility about what we provide when that happens.
- Bialecki: We need to find ways to bring services to consumers rather than always requiring consumers to come to healthcare facilities. For example, we can work with local employers to provide wellness checks for employees, such as opportunities to screen for high blood pressure.

Q&A

- How are medical records being used to identify patients with transportation needs?
 - Harness: Train staff to ask questions and act accordingly
 - Bialecki: Cluster appointment based on bus schedule
 - Arinez: Include transportation barriers and needs on patients' medical records
- Is this a transportation problem or a land use problem? Should we be connecting planning boards to bring housing near healthcare services?
 - Bialecki: Elderly housing is built closer to health services. However, people in rural communities have often lived where they live for generations. It is the way of life chosen by the people who live there. Therefore, we need to figure out how to serve those populations without changing their way of life.
 - Harness: Utilize the health impact assessment for housing development
 - Arinez: We are constantly doing assessments to identify possible new center locations
- People do not know about the bus system. How to make people aware of that information?
 - Bialecki: We need to communicate and work together with local communities and transit authorities. When transit authorities make changes to a service, they need to make sure riders are aware of those changes.
 - Arinez: It's a joint effort to educate people on the bus system. We provide patients with bus schedule and information in different language to encourage clients to take public transportation. We also train healthcare staff about public transportation so they will be able to answer patients' questions.
- As technology is advancing and health care is evolving, please keep in mind that the elderly need human connections and social contact.
 - Bialecki: I totally agree that it is important to maintain social connection
 - Arinez: Could consider creating group visits to healthcare facilities
 - Harness: Not everything can be resolved with technology alone. An elderly patient called 911 every morning to seek attention. When caseworkers set up a morning call to contact the patient every morning to plan out the day, the 911 calls went down to zero.